A Total Approach to Communication Therapy

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The greatest problem two human beings face is communication (Shostrom, 1967). There are two elements of communication, sending and receiving. The problem is whether the people about us are getting the message we send. The sender has the problem of trying to make someone understand exactly what he says or feels. But the receiver has the more complicated task of not only understanding the verbal but the non-verbal message that is being sent. The hard-of-hearing have the added factor of being sure they hear the message or are comfortable with the possible misunderstanding of the message.

The function of the rehabilitative audiologist is to help the hard-of-hearing person to become a better "sender" as well as "receiver" and in this way establish an effective actualizing communication pattern. This can be done in various ways. I would like to contrast two methods for you today—the Traditional Approach to Aural Rehabilitation that has been in use in our clinic until almost two years ago and the Communication Therapy Program presently being incorporated.

The Traditional Approach would use the following procedure:

1. The hard-of-hearing individual is recognized through the clinical program. Medical and surgical problems are dealt with and prothesis provided if indicated.
2. When these have been accomplished either the audiologist or the individual still reports some difficulties in their communication process, and the patient in counseling agrees to attend an aural rehabilitation program.
3. The individual provides the rehabilitation audiologist with a statement of what he feels his hearing disability is and the situations in which he has most difficulties understanding.
4. This self-evaluation along with his clinical evidence is used to develop a visual and auditory training schedule for the individual to be incorporated into a group program. The training would include visual awareness with and without distractions, auditory training with and without distractions, visual and auditory memory training, understanding of his physical loss, suggestions of how to control situations to make it easier to understand, and a session with family members to help them have a better understanding of the individual's hearing loss and how they might be able to help him.
5. The goal of this program is to provide supportive therapy with reinforcement of the state problem.

A Communication Therapy Program will develop much the same in the early steps. The patient has a hearing loss, a clinical evaluation, diagnosis, treatment and fitting of prothesis are accomplished. The patient makes the statement of his problem related to his hearing loss and outlines the situations

where difficulties most often occur. But at this point the structure changes. The patient is counseled regarding the accessability of a program where he will hopefully learn to be a more effective communicator and where the emphasis will not be on speech reading and / or auditory training but on learning where his communication breaks down. He will then become a member of one of two types of groups.

a) Group with family member or friend that they feel they have difficulties communicating with present at all times.
b) Group of just hard-of-hearing—because the person they have difficulties with cannot take the time, or more often is not interested in taking the time.

(Since this is done at a V.A. Hospital the veterans are assured that this is completely voluntary and their refusal to attend or drop out in no way affects their compensation).

A group will consist of ten to twelve people plus audiologists and a psychologist. The participants are first told that they are going to be expected to function as a group with each person equally responsible for the program's accomplishment and the "professional staff" is a part of the group, not teachers, instructors, or givers of the miracle of perfect hearing. They are then asked to make a contract with themselves and the group as to what they want to accomplish during this session. Examples of contracts:

1. to be able to hear in noise better
2. to be able to use the phone better
3. to get my teen-age children to not say "skip it!" when I do not hear them
4. to be better able to function in group meetings

In the initial stages of the program the group is given the Lamb-Speech Discrimination Assessment Scale (SDAS) (Lamb), and the High, Fairbanks, and Glorig (1964) hearing handicap scale. The hard-of-hearing person is asked to rate himself and the person accompanying him is asked to rate him also. This is then used to try to establish an honest awareness of what his problems are. One of the major reasons for using the scales in this way is that in the validating process of the SDAS, Dr. Lamb found that the hard-of-hearing individual in fact is not able to judge his own ability honestly. For example, he says he hears the phone and door bell ring 75 to 100 percent of the time, but his wife will state possibly 50 percent. When they are discussing this they find he thinks he hears it because when he does not hear it he has no way of knowing this unless someone tells him. And in most instances the only time another person monitors his hearing patterns for him is when they are angry with his mistake and the hostility of the two parties destroys the value of the outside monitoring system.

The concepts explored by the group are:

a) exploration of senses
    1) non-verbal communication
        —how much do you pick up of what someone is saying non-verbally?

—how much does this effect your understanding of what you hear?
—when are we guilty of sending or receiving a double level message rather than being honest?

2) exploring where communication actually breaks down
3) experiment with auditory stimuli only
—does the removal of vision in any way alter hearing?
—do any auditory signals help you that you would normally ignore?
—do any other senses become stronger?

b) expectations
1) negative and positive expectations
—vicious circle—discussing incidents where everyone has difficulty but the hearing impaired blame it on their hearing loss
example: children making noise then just returning home tired after being at work all day
example: not being able to hear when someone is talking from another room

c) use of the Modified Rhyme Test (MRT) (Kruel *et. al.*, 1968)
Hard-of-hearing person and normal hearing family members participate in taking the MRT using filtered speech conditions for the normal hearing. They are then being forced to complete under adverse conditions in this way making them more aware of the strain the hearing impaired live with.

The group at the end of the week is asked to look back at their original contracts and see if they feel their contract has been accomplished. They are then asked to make a new contract with themselves for a plan of action to incorporate what they have learned about their communication patterns into their everyday life.

All patients are told that they can return to more programs if interested and that they will be called back in three months for follow-up session. The psychologist also, in some instances, may see an individual or a couple privately on an on-going basis.

The goal of this program is to provide supportive therapy with additional emphasis on removing the hearing loss as a crutch and provide the patients with an ability to be totally honest in the recognition of where the communication problem exists. The hearing loss is not reinforced but rather insights into each individual's self-need for actualizing communication are gained.

The responsibility of the therapists is to let the individuals in the group know first that they care about them. The therapists provide ego-strength; they are a part of the group and have a right to include their personal feelings as much as anyone else in the group. The therapists, along with the rest of the group, will help the others with pattern analysis in situations where the patients have not been able to obtain a workable pattern. The therapists should avoid being judgmental or expecting the rest of the group to react to this type of therapy as comfortably and quickly as they themselves do. They look for and point out positive communication patterns as much as possible and not only stress the negative patterns.

REFERENCES

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